



EXEMPTION FROM IMMUNIZATION

Good beginnings last a lifetime. Kansas Child Care Laws and Regulations are designed to reduce the predictable risk of harm to children. Immunizations have been effective in reducing preventable diseases for children and the public. K.S.A. 65-508(d) requires that all children in a Licensed Child Care Facility and K.S.A. 65-519(c) requires that children in a Registered Family Day Care Home have current immunizations.

By completing and signing this exemption form you are stating that your child is exempted from the law requiring immunizations. The following two sections are the **ONLY** exemptions allowed by law.

Name of Child Care Facility as it appears on the License or Certificate of Registration License or Certificate #

Address of Facility Street City County

PLEASE COMPLETE ONE OF THE TWO FOLLOWING SECTIONS (A) OR (B):

- (A) My child is exempt under the law requiring immunizations as indicated by my child's licensed physician. Certification from a licensed physician stating that the physical condition of my child is such that immunization would endanger my child's life or health is noted below.

Child's Full Name First Middle Last Date of Birth MM/DD/YYYY

Exempt from the following immunizations:

____ DTP ____ Pertussis Only ____ MMR ____ Hep B
____ Tetanus ____ IPV ____ Rubella Only ____ Other _____

Signature of LICENSED PHYSICIAN is required Date MM/DD/YYYY

Printed name of the Licensed Physician ()
Phone Number

Street Address City County

Signature of Parent or Guardian Date MM/DD/YYYY

- (B) My child is exempt under the law from immunizations. As parent or guardian of the below named child, I state that I am adherent of a religious denomination whose teachings are opposed to immunizations.

Child's Full Name First Middle Last Date of Birth MM/DD/YYYY

Signature of Parent or Guardian Date MM/DD/YYYY

A separate form must be completed for each child. A copy of the COMPLETED and signed form must be kept in the child's file at the facility and available for review by KDHE or designated agent. A statement that is similar or essentially the same as the above, and which contains the required information and signature(s) is acceptable.